Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR		, A	Attorney Docket Number		F-2	80		
	DESIGN PATENT APPLICATION		irst Named	Inventor	Zu	bok;		
PATENT A			COMPLETE IF KNOWN					
(37 CFR 1.63)		A	pplication N					
X Declaration	Declaration	L	iling Date		3/6/2003			
Submitted OR with Initial	Submitted OR Submitted after Initial		roup Art Uni	it	.,			
Filing			xaminer Nar	me				
As a below named inventor	I hereby declare that:							
My residence, mailing addres	s, and citizenship are as s	tated below	next to my na	ame.				
I believe I am the original firs	and sole inventor (if only	one nome i	a lietad balani	.	irst and inject invest	or (if wh wal		
names are listed below) of the	subject matter which is c	laimed and	for which a pa	atent is sought o	the invention entit	ted:		
	Cervical	Disc Re	placemer	nt				
						·		
·		-						
	(Title o	f the Invention			• •			
the specification of which	(1100 0)	i ale ilivella	А					
X is attached hereto		,						
OR	·	 	,					
was filed on (MM/DD/YY	m		as United S	states Application	Number or PCT In	nternational		
			1 .					
Application Number	andware	omonded -	- (1414DDAA		·	1		
7	and was	amended o	n (MM/DD/YY	(11)		(if applicable).		
I hereby state that I have review amended by any amendment s	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-								
hereby daim foreign priority benefits under 35 H.S.C. 110(a) (d) and (a) and (a) and (a) and (b) and (b) and (c) and (
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filling date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country		Filing Date	Priority Not Claimed	Certified Cop			
					YES	NO		

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: [Page 1 of 2]

-280

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Nur or Bar Code L	mber abel	OR X C	correspondence address below
Joseph P. Errico Name			
150 Douglas Road			
Address		<u>, </u>	·····
City Far Hills		State NJ	ZIP 07931
	elephone	917-373-5918	908-273-6136 Fax
I hereby declare that all statements made herein of my are believed to be true; and further that these statem made are punishable by fine or imprisonment, or both, validity of the application or any patent issued thereon.	y own knowledge ar ents were made wit , under 18 U.S.C. 10	e true and that all statements in the knowledge that willful 001 and that such willful false	s made on information and belief false statements and the like so statements may jeopardize the
NAME OF SOLE OR FIRST INVENTOR:	A petition t	nas been filed for this un	signed inventor
Given Name (first and middle [if any]) Rafail		Family Name or Surname	Zubok;
Inventor's Signature Muleuc	/ -		Date 8/6/03
Residence: City Midland Park,	State NJ	Country US	Citizenship US
Mailing Address	22 Spruce Street		
City Midland Park,	State NJ	ZIP 07432	Country US
NAME OF SECOND INVENTOR:	A petition has	s been filed for this unsig	gned inventor
Given Name (first and middle [if any]) Antonio	,	Family Name or Surname	Valdevit;
Inventor's All			Date March 6/03
Residence: City Fishkill,	State NY	Country	CAN Citizenship
Mailing Address 1	502 Max Way		
Fishkill,	State NY	ZIP 12524	US Country
\overline{X} Additional inventors are being named on the $\underline{1}$ so	upplemental Addition	nal Inventor(s) sheet(s) PTO/S	SB/02A attached hereto.

Please type a plus sign (+)	inside this box		+
F-280	•	,	

PTO/SB/02A (11-00)
F-280

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor,			A petition ha	ıs been fil	ed for	this unsigned inventor
Given Name (first and middle [if any])			Family Name or Sumame			
Michael W.			Dudasik;			
Inventor's Signature			Date 3/6/03			
Residence: City Nutley,	State	NJ	Country	US		Citizenship US
Mailing Address		29	Daily Street			
Mailing Address	 ,					•
City Nutley,	State	NJ	ZIP 0711	0 0	Countr	y US
Name of Additional Joint Inventor, if		[A petition has	been filed	for thi	s unsigned inventor
Given Name (first and middle [if a	ıny])		Fa	mily Nam	e or S	umame
Joseph P.		٠.	Errico			
Inventor's Signature			Date 3/6/63			
Residence: City Greenbrook,	State	NJ	Country	US		Citizenship US
Mailing Address		29 D	er Path Circle			
Mailing Address						
City Greenbrook,	State	NJ	ZIP 088	12	Coun	try
Name of Additional Joint Inventor, if	any:		A petition has be	en filed fo		Insigned inventor
Given Name (first and middle [if an	y <u>l</u>)					Surname
	·					
Inventor's Signature						Date
Residence: City State			Country Citizenship			
Mailing Address						
Mailing Address						·
City	State		ZIP	·	Cou	ntry

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Docket No.: 532/2 (F-280)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Zubok et al.

Application No.: 10/382,702

Group Art Unit: 3738

Filed: March 6, 2003

Examiner: Not Assigned

For: CERVICAL DISC REPLACEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In the matter of the above-identified application, enclosed please find:

- 1. Substitution of Attorneys Pursuant to 37 C.F.R. § 1.36; and
- 2. Consent of Assignee 37 C.F.R. § 3.73(b).

Dated: February 6, 2004

Respectfully submitted,

Matthew B. Dernier

Registration No.: 40,989

KAPLAN & GILMAN, LLP 900 Route 9 North, Suite 104

Woodbridge, New Jersey 07095

(732) 634-7634

Attorney for Applicant

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.D. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 6, 2004

Sionatura

Print Name: Matthew B. Demier

Docket No.: 532/2 (F-280)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Zubok et al.

Application No.: 10/382,702

Group Art Unit: 3738

Filed: March 6, 2003

Examiner: Not Assigned

For: CERVICAL DISC REPLACEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SUBSTITUTION OF ATTORNEYS PURSUANT TO 37 C.F.R. § 1.36

Dear Sir:

We hereby appoint the following practitioners as our attorneys to prosecute the application and to transact all business in the United States Patent and Trademark Office connected therewith: Joseph P. Errico (Reg. No. 38,131); Timothy J. Bortree (Reg. No. 43,506); Jeffrey I. Kaplan (Reg. No. 34,356); Michael R. Gilman (Reg. No. 34,826); Timothy X. Gibson (Reg. No. 40,618); and Matthew B. Dernier (Reg. No. 40,989).

All future correspondence should be forwarded to:

KAPLAN & GILMAN, L.L.P., 900 Route 9 North, Woodbridge, New Jersey 07095 telephone (732) 634-7634)

We are the assignee of record of the entire interest and therefore have the right to take action in the above-identified application. A Statement under 37 C.F.R. § 3.73(b) is enclosed.

Date

Joseph P. Errico CEO, SpineCore, Inc.

Docket No.: 532/2 (F-280)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Zubok et al.

Application No.: 10/382,702

Group Art Unit: 3738

Filed: March 6, 2003

Examiner: Not Assigned

For: CERVICAL DISC REPLACEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CONSENT OF ASSIGNEE 37 C.F.R. § 3.73(b)

Dear Sir:

Pursuant to 37 C.F.R. § 3.73, I, Joseph P. Errico, being an officer of SpineCore, Inc., the Assignee of the above-identified patent application by way of assignment (reel/frame 013849/0592), hereby consent to a substitution of all previous powers of attorney and to the appointment of new attorneys in the above-identified patent application.

Date

Joseph P. Errico CEO, SpineCore, Inc.

ocket Number (Optional) ASSIGNMENT OF APPLICATION F-280 Whereas, I/We, _____ Rafail Zubok; ____of ____ Midland Park, NJ ____,hereafter referred to as applicant, have invented certain new and useful improvements in _____ Cervical Disc Replacement for which an application for a United States Patent was filed on _____ Application Number / for which an application for a United States Patent was executed on ______3/6/2003 SpineCore, Inc. Summit, NJ herein referred to assignee whose mailing address is 447 Springfield Avenue, Summit, NJ 07931 is desirous of acquiring the entire right, title and interest in the same; Now, therefore, in consideration of the sum of one dollar (\$1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign, and transfer unto said assignee the full and exclusive right to the said invention and the entire right, title and interest in and to any and all Patents which may be granted therefor. I/We hereby authorize and request that said Patent be issued to said assignee, of the entire, right, title and interest in and to the same, for his sole use and behoof, and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made. Executed this ____day of ____ Midland Park, NJ State of _____ (\$ignature) County of ____ Before me personally appeared said _ and acknowledged the foregoing instrument to be his free act and deed this _____ Seal (Notary Public)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, See below*.

* 🛮 Total of ______ forms are submitted.

	Docket Number (Optional) F-280				
Whereas, I/We,	Antoni	io Valdevit; o	of	Fishkill, NY	,hereafter
referred to as appli	icant, have invent	ted certain new and	useful improvemen	ts in	
		Cervical Disc Re	placement		
for which an a	pplication for a Un	nited States Patent	was filed on		
Application Nu	mber/	<u> </u>			
X for which an ap	pplication for a Un	nited States Patent v	was executed on	3/6/2003	, and
Whereas,	SpineCore, Inc.	of	Summ	it NT	
to "assignee" whose	mailing address	is 447 Springfi	Summ ield Avenue,	Summit, NJ 07	nerein referre 7931 is
desirous of acquirin	g the entire right,	title and interest in	the same;		
interest in and to an that said Patent be i sole use and behoof	y and all Patents ssued to said ass f, and for the use	and behoof of his k	the said invention a ted therefor. I/We h , right, title and inter	and the entire right ereby authorize a est in and to the	nt, title and and request same, for his
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, ` A	Docket Number (Optional) F-280				
Whereas, I/We, _	Michael	W. Dudasik;	of N	Jutley, NJ	ham B
referred to as app	dicant, have invent	ted certain new a Cervical Disc	nd useful improvemen	ts in	
for which an a	application for a U	nited States Pater	nt was filed on		
x for which an a	application for a Ur	nited States Pater	nt was executed on	3/6/2003	, and
Whereas,	SpineCore, Inc.	of	Summi gfield Avenue,	t. NI .	
to "assignee" whos	e mailing address	is 447 Spring	gfield Avenue,	Summit, NJ 07	erein referred 931 is
desirous of acquiri	ng the entire right,	title and interest	in the same;		<u> </u>
which said Patent nassignment and sal	may be granted, as le not been made.	s fully and entirely	mited therefor. I/We here, right, title and intensite legal representatives as the same would he march	, to the full end of ave been held by	the term for me had this
at	Nutley NI	day of	iviarch	, 20	03
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Before me personal	ly appeared said			•	
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te: Signatures of all the i	inventors or assignees lature is required, See	of record of the entire	e interest or their representa	(Notary Pul tive(s) are required. S	olic) Submit multiple

ASSIGNMENT OF APPLICATION					Docket Number (Optional) F-280	
188 1881-	Iocaph D. E-	wisa.				
whereas, I/we, _	Joseph P. Er	rico	_ofG	reenbrook, NJ	,hereafter	
referred to as app	licant, have invente	d certain new a	and useful improveme	ents in		
		Cervical Dis	c Replacement			
for which an a	pplication for a Unit	ed States Pate	ent was filed on			
Application No	ımber/_		·			
X for which an a	pplication for a Unit	ed States Pate	ent was executed on _	3/6/2003	3, and	
Whereas,	SpineCore, Inc.	of	Sumr	nit. NI		
to assignee whose	mailing address is	447 Sprir	Sumr ngfield Avenue,	Summit, NJ (herein referred	
desirous of acquiring	ng the entire right, ti	tle and interest	t in the same;			
interest in and to an that said Patent be sole use and behoo which said Patent n assignment and sal	ly and all Patents wissued to said assigned to said assigned f, and for the use a may be granted, as the not been made.	rexclusive right which may be go gnee, of the en and behoof of ho fully and entire	idar (\$1.00), the receiphicant(s), by these present to the said invention ranted therefor. I/We tire, right, title and into its legal representative by as the same would	and the entire rig hereby authorize erest in and to the	ht, title and and request same, for his	
Executed this	6th	_day of	March	, 20	03	
at	Greenbrook, NJ			· ·		
				h		
State of	00.			(Signature)		
County of)					
Before me personall	y appeared said					
and acknowledged to	he foregoing instrur	nent to be his f	ree act and deed this			
day of						
Seal				(Notary F	Public)	
ote: Signatures of all the i rms if more than one sign	nventors or assignees o ature is required. See h	f record of the ent	ire interest or their represe			
☑ Total of4	forms are subn					

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